SKIN CANCER (OTHER THAN MELANOMA)

# MICROCYSTIC ADNEXAL CARCINOMA: A CLINICAL AND HISTOPATHOLOGICAL CHALLENGE

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Background: Microcystic Adnexal Carcinoma (MAC) is an indolent and aggressive malignancy with a tendency for perineural invasion, apparently originated from pluripotent epidermal keratinocytes. Risk factors include UV/ionising radiation and immunosuppression. Presently, there are less than 300 reported cases worldwide. It mainly affects 40 to 60-year-old white females on the head and neck region. It presents as indurated, skin-coloured, nodule, plaque or cyst, ranging from 0.03-16cm2, with telangiectasias and poorly-defined borders. Dermoscopic findings are not clearly established, but white/light-brown regression areas, telangiectasias and white clods have been described. Histopathology shows keratin-horn cysts and nests of basaloid cells forming ducts. Immunohistochemistry is not specific and not routinely performed. Because of its similarity with basal cell carcinoma, squamous cell carcinoma and other adnexal tumours (e.g. desmoplastic trichoepithelioma), deep biopsies are warranted. Mohs surgery is recommended as the treatment of choice, but up to 87% of the cases have been treated with wide excision with favourable outcomes. The 10-year survival rate is 97.7% and metastases are extremely rare. Recurrence ranges around 22-47%, which stresses the need for prolonged follow-up.

Observation: A 53-year-old female presented a 1-year asymptomatic tumour on the nose. On examination an ill-defined 5x4x2mm, skin-coloured tumour with telangiectasias was found. Dermoscopy showed white clods and telangiectasias. A 4mm punch biopsy was performed and histopathology reported MAC. The patient underwent wide excision surgery and bilobed flap. The excised lesion showed tumour-free margins on histopathology. At 10-month follow-up the patient remained without recurrence.

Key message: This case highlights an under-reported and probably misdiagnosed entity that must be considered when approaching facial tumours. Due to its high recurrence and aggressiveness, appropriate diagnosis, and treatment must be enforced.